



UTAH  
EMERGENCY  
DEPARTMENT  
ENCOUNTER  
DATABASE

2002  
PUBLIC-USE DATA  
FILE

USER MANUAL

Version I  
March, 2004

UTAH DEPARTMENT OF HEALTH

Joint Release by

BUREAU OF EMERGENCY MEDICAL SERVICES  
288 North 1460 West  
P. O. Box 142004  
Salt Lake City, Utah 84114-2004  
Phone: (801) 538-6287  
Fax: (801) 538-6808  
[www.utahems.org](http://www.utahems.org)

OFFICE OF HEALTH CARE STATISTICS  
288 North 1460 West  
P.O. Box 144004  
Salt Lake City, Utah 84114-4004  
Phone: (801) 538-6700  
Fax: (801) 538-9916  
[www.health.utah.gov/hda](http://www.health.utah.gov/hda)

# TABLE OF CONTENTS

	Page
Introduction .....	1
File Layout .....	4
Description of Data Elements .....	7
Provider identifier (hospital).....	8
Patient's age (by categories).....	9
Patient's gender .....	9
Source of admission	
Non-newborns .....	9
Newborns .....	10
Length of stay in hours .....	10
Patient's discharge status .....	10
Patient's postal zip code .....	11
Patient's residential county .....	13
Patient cross-county migration .....	13
Patient's martial status .....	13
Patient's race and ethnicity .....	14
Principal diagnosis code .....	14
Secondary diagnosis code 1-8 .....	14
Principal procedure code .....	14
Secondary procedure code 1-5 .....	14
Major diagnostic category (MDC) .....	15
Total charge .....	15
Emergency Department charge .....	15
Primary payer category .....	15
Secondary payer category .....	15
Third payer category .....	16
Patient's relationship to insured .....	16
Outlier, total charge .....	16
Outlier, length of stay in hours .....	16
Encounter quarter .....	17
Record ID number .....	17
Encounter type .....	17
Principal diagnostic category .....	17
External cause code (E-code) .....	18
Admission hour .....	18
Appendix A. Utah Hospital Profile .....	19

# INTRODUCTION

## **Utah Emergency Department Encounter Database**

Administrative Rule R426-1-7(l) mandates all Utah licensed hospitals to report information on emergency department patient encounters. The rule defines the data elements which hospitals are required to submit to the Bureau of Emergency Medical Services under statute and administrative rules specifically for the purpose of constructing a statewide Emergency Department Encounter Database. The database contains the consolidated information on complete billing, medical codes, personal characteristics describing a patient, services received, and charges billed for each patient emergency department (ED) encounter. The ED Encounter Public Data Set includes the combined data on all ED outpatient visits and ED inpatient admissions. A new field Encounter Type with values of 'o' and 'i' has been added to the record layout starting in 1999. Caution should be used when comparing this data with previous years as they only included ED outpatient visits.

All forty-one eligible hospitals submitted data in every calendar quarter (3-month period) in 2002, (Rocky Mountain Hospital closed in the second quarter of 2001).

## **Public-Use Data Files (PDF)**

Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Bureau of Emergency Medical Services or the Director of the Office of Health Care Statistics without further review.

Two different public data files are available for 2002 Emergency Department Encounter Data (see page 4 for data elements and file descriptions).

## **Data Processing and Quality**

Data submission: The Office of Health Care Statistics provides data element definitions to ensure all hospitals will report similar data. The Bureau of Emergency Medical Services/Office of Health care Statistics receives quarterly Emergency Department Encounter Data from hospitals in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Utah Hospital Emergency Patient Encounter Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Hospital Reviews: Each hospital is provided with a 35-day review period to validate the compiled data against their hospital records. Any inconsistencies discovered by the hospitals are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between systematic omission by hospitals, ie., reporting exemption granted for particular data elements, coding problems that deemed the entire data from the hospital as unusable; and non-systematic omission, ie., coding problems, invalid codes, etc. While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by hospitals for each data element to be used.

### **Patient Confidentiality**

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient's age and payers are grouped. The data elements for the following specific conditions are concealed by coding them at the state level: (1) Utah zip codes where there are less than 30 ED encounters per year are coded as the county abbreviation, and out-of-state zip codes where there are less than 30 ED encounters are coded as the state abbreviation, (2) age, sex and zip code are encrypted as 66, E, and -6666, respectively, if the patient's Major Diagnosis Code (MDC) is 25 "Human Immunodeficiency Virus Infection" or if the Diagnosis Related Group (DRG) is 433-437 "Alcohol/Drug Abuse or Dependence".

### **Agreement to Protect Patient Confidentiality**

The data collected by the Utah Department of Health may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data. Any effort to determine the identity of any reported case or any attempt to link this data set with individually identifiable records is prohibited.

### **Uses of Emergency Department Data**

The PDF includes data on charges and length of stay in hours (LOSH). Several factors affect the comparability of charge and LOSH across hospitals, such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of charge or LOSH at the hospital level should consider the above factors.

### **Data Format**

Fixed ASCII is the standard format for the public data file, on a CD-ROM. Requests for other formats, such as a SAS dataset, will be considered.

**Citation**

Any statistical reporting or analysis based on the data shall cite the source as the following:

*Utah Emergency Department Encounter Data (2002)*. Bureau of Emergency Medical Services/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2004.

**Redistribution**

User shall not redistribute the Utah Emergency Department Encounter Data File in its original format. User shall not redistribute any data products derived from the file without written permission from the Bureau of Emergency Medical Services or Office of Health Care Statistics, Utah Department of Health.

# FILE LAYOUT

# RECORD LAYOUT OF EMERGENCY DEPARTMENT ENCOUNTER PUBLIC USE DATA FILE I (2002.1)

	DATA ELEMENT	TYPE*	WIDTH	POSITION**	EXAMPLE VALUES	Pg
				From To		
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...	8
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21	9
3	Patient's gender	Char	1	7 - 7	M,F	9
4	Source of admission					
	Non-newborns	Char	1	8 - 8	0,1,...	9
	Newborns	Char	1	9 - 9	0,1,...	10
5	Length of stay in hours	Num	8	10 - 17	0,1,...	10
6	Patient's discharge status	Char	2	18 - 19	01,02,...	10
7	Patient's postal zip code	Char	5	20 - 24	84000, AZ	11
8	Patient's residential county	Num	3	25 - 27	1,2,...	13
9	Patient cross-county migration	Char	1	28 - 28	Y,N	13
10	Patient's marital status	Char	1	29 - 29	S,M,...	13
11	Patient's race and ethnicity	Char	2	30 - 31	W,WH,...	14
12	Principal diagnosis code	Char	5	32 - 36	8180,81513	14
13	Secondary diagnosis code 1	Char	5	37 - 41	8180,81513	14
14	Secondary diagnosis code 2	Char	5	42 - 46	8180,81513	14
15	Secondary diagnosis code 3	Char	5	47 - 51	8180,81513	14
16	Secondary diagnosis code 4	Char	5	52 - 56	8180,81513	14
17	Principal procedure	Char	4	57 - 60	480,9711	14
18	Secondary procedure 1	Char	4	61 - 64	480,9711	14
19	Secondary procedure 2	Char	4	65 - 68	480,9711	14
20	External cause code (E-code)	Char	5	69 - 73	E8119	18
21	Admission hour	Num	2	74 - 75	00,01,...	18
22	Total charge	Num	10	76 - 85	498.68	15
23	Emergency Department charge	Num	10	86 - 95	498.68	15
24	Primary payer category	Char	2	96 - 97	01,02,...	15
25	Secondary payer category	Char	2	98 - 99	01,02,...	15
26	Third payer category	Char	2	100 - 101	01,02,...	16
27	Patient's relationship to insured	Num	3	102 - 104	1,2,...	16
28	Outlier, total charge	Num	3	105 - 107	0,1	16
29	Outlier, length of stay in hours	Num	3	108 - 110	0,1	16
30	Encounter quarter	Char	1	111 - 111	1,2,3,4	16
31	Secondary diagnosis code 5	Char	5	120 - 124	8180,81513	14
32	Secondary diagnosis code 6	Char	5	125 - 129	8180,81513	14
33	Secondary diagnosis code 7	Char	5	130 - 134	8180,81513	14
34	Secondary diagnosis code 8	Char	5	135 - 139	8180,81513	14
35	Secondary procedure code 3	Char	4	140 - 143	480,9711	14
36	Secondary procedure code 4	Char	4	144 - 147	480,9711	14
37	Secondary procedure code 5	Char	4	148 - 151	480,9711	14
38	Major diagnostic category (MDC)	Num	2	152 - 153	0,1,...	15
39	Principal diagnostic category	Num	3	154 - 156	0,1,...	17
40	Encounter Type	Char	1	157	o,i	17
41	Record ID number	Num	10	158	2200216719	17

\*Variable Type (if data requested is SAS dataset): Char=Character, Num=Numeric

\*\*Column position (if data requested is ASCII file)

**RECORD LAYOUT OF EMERGENCY DEPARTMENT ENCOUNTER  
PUBLIC USE DATA FILE III (2002.3)**

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...	8
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21	9
3	Patient's gender	Char	1	7 - 7	M,F	9
4	Length of stay in hours	Num	8	8 - 15	0,1,...	10
5	Patient's discharge status	Char	2	16 - 17	0,1,...	10
6	Patient's residential county	Num	3	18 - 20	1,2,...	13
7	Principal diagnosis code	Char	5	21 - 25	8180,81513	14
8	Principal procedure	Char	4	26 - 29	480,9711	14
9	Secondary procedure 1	Char	4	30 - 33	480,9711	14
10	Secondary procedure 2	Char	4	34 - 37	480,9711	14
11	External cause code (E-code)	Char	5	38 - 42	E8119	18
12	Admission hour	Num	2	43 - 44	00,01,...	18
13	Total charge	Num	10	45 - 54	498.68	15
14	Emergency Department charge	Num	10	55 - 64	498.68	15
15	Primary payer category	Char	2	65 - 66	01,02,..	15
16	Principal diagnostic category	Num	3	75 - 77	0,1,...	17
17	Encounter Type	Char	1	78	o,i	17
18	Record ID number	Num	10	79 - 88	2200216719	17

\*Variable Type (if data requested is SAS dataset): Char=Character, Num=Numeric

\*\*Column position (if data requested is ASCII file)

# DESCRIPTION OF DATA ELEMENTS

**Provider Identifier:** (see Appendix A for hospital characteristics)  
Hospital from which patient was released.

101 = BEAVER VALLEY HOSPITAL  
102 = MILFORD VALLEY MEMORIAL HOSPITAL  
103 = BRIGHAM CITY COMMUNITY HOSPITAL  
104 = BEAR RIVER VALLEY HOSPITAL  
105 = LOGAN REGIONAL HOSPITAL  
106 = CASTLEVIEW HOSPITAL  
107 = LAKEVIEW HOSPITAL  
108 = DAVIS HOSPITAL & MEDICAL CENTER  
109 = UINTAH BASIN MEDICAL CENTER  
110 = GARFIELD MEMORIAL HOSPITAL AND CLINICS  
111 = ALLEN MEMORIAL HOSPITAL  
112 = VALLEY VIEW MEDICAL CENTER  
113 = CENTRAL VALLEY MEDICAL CENTER  
114 = KANE COUNTY HOSPITAL  
115 = FILLMORE COMMUNITY MEDICAL CENTER  
116 = DELTA COMMUNITY MEDICAL CENTER  
117 = JORDAN VALLEY HOSPITAL  
118 = ALTA VIEW HOSPITAL  
119 = COTTONWOOD HOSPITAL MEDICAL CENTER  
120 = SALT LAKE REGIONAL MEDICAL CENTER  
121 = LDS HOSPITAL  
122 = PRIMARY CHILDREN'S MEDICAL CENTER  
124 = ST. MARK'S HOSPITAL  
125 = UNIVERSITY OF UTAH HOSPITALS & CLINICS  
126 = PIONEER VALLEY HOSPITAL  
128 = SAN JUAN HOSPITAL  
129 = GUNNISON VALLEY HOSPITAL  
130 = SANPETE VALLEY HOSPITAL  
132 = SEVIER VALLEY HOSPITAL  
133 = MOUNTAIN WEST MEDICAL CENTER  
134 = ASHLEY VALLEY MEDICAL CENTER  
135 = OREM COMMUNITY HOSPITAL  
136 = AMERICAN FORK HOSPITAL  
137 = MOUNTAIN VIEW HOSPITAL  
138 = UTAH VALLEY REGIONAL MEDICAL CENTER  
139 = HEBER VALLEY MEDICAL CENTER  
140 = DIXIE REGIONAL MEDICAL CENTER  
141 = MCKAY-DEE HOSPITAL CENTER  
142 = OGDEN REGIONAL MEDICAL CENTER  
144 = TIMPANOGOS REGIONAL HOSPITAL  
145 = CACHE VALLEY SPECIALTY HOSPITAL  
307 = THE ORTHOPEDIC SPECIALTY HOSPITAL (ER-INP ONLY)

**Patient's Age** (as of last birthday) at the Date of Release

- 0 = 1 - 28 days
- 1 = 29 - 365 days
- 2 = 1 - 4 years
- 3 = 5 - 9
- 4 = 10 - 14
- 5 = 15 - 17
- 6 = 18 - 19
- 7 = 20 - 24
- 8 = 25 - 29
- 9 = 30 - 34
- 10 = 35 - 39
- 11 = 40 - 44
- 12 = 45 - 49
- 13 = 50 - 54
- 14 = 55 - 59
- 15 = 60 - 64
- 16 = 65 - 69
- 17 = 70 - 74
- 18 = 75 - 79
- 19 = 80 - 84
- 20 = 85 - 89
- 21 = 90 +
- 66 = Encrypted (confidential data)
- 99 = Unknown
- Blank = Not reported

**Patient's Gender**

- M = Male
- F = Female
- U = Unknown
- E = Encrypted (confidential data)
- Blank = Not reported

**Source of Admission for Non-Newborns**

- 0 = Newborns
- 1 = Physician Referral  
The patient was admitted to this facility upon the recommendation of his or her personal physician. (See code 3 if the physician has an HMO affiliation.)
- 2 = Clinic Referral  
The patient was admitted to this facility upon recommendation of this facility's clinic physician.
- 3 = HMO referral  
The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
- 4 = Transfer from a hospital  
The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
- 5 = Transfer from a skilled nursing facility  
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
- 6 = Transfer from another health care facility  
The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.
- 7 = Emergency Department  
The patient was admitted to this facility upon the recommendation of this facility's Emergency Department physician.

8 = Court/Law enforcement

The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

9 = Information not available

The means by which the patient was admitted to this hospital is not known.

Blank = Not reported

#### **Source of Admission for Newborns**

0 = Non newborns

1 = Normal delivery

A baby delivered without complications.

2 = Premature delivery

A baby delivered with time or weight factors qualifying it for premature status.

3 = Sick baby

A baby delivered with medical complications, other than those relating to premature status.

4 = Extramural birth

A baby born in a non-sterile environment.

9 = Information not available.

Blank = Not reported

#### **Length of Stay in hours**

Total hours stayed in hospital from the hour of admission to the hour of release.

Blank = Not reported

#### **Patient's Discharge Status**

01 = Release to home or self care, routine release

02 = Released/transferred to another short-term general hospital

03 = Released/transferred to skilled nursing facility

04 = Released/transferred to an intermediate care facility

05 = Released/transferred to another type of institution

06 = Released/transferred to home under care of organized home health service organization

07 = Left against medical advice

08 = Released/transferred to home under care of a home IV provider

20 = Expired

40 = Expired at home

41 = Expired in a medial facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice

42 = Expired - place unknown

50 = Discharged/transferred to hospice - home

51 = Discharged/transferred to hospice - medical facility

61 = Discharged/transferred within institution to hospital based medicare swing bed

62 = Discharged/transferred to another rehab facility including distinct part units in hospital

63 = Discharged/transferred to a long term care hospital

64 = Discharged/transferred to a nursing facility

certified under medicaid but not certified under  
medicare  
71 = Discharged/transferred/referred to another  
institution for outpatient (as per plan of care)  
72 = Discharged/transferred to this institution  
for outpatient services(as per plan of care)  
09 = Unknown  
Blank = Not reported

#### **Patient's Residential Postal Zip Code**

84000-84799 = Zip codes in Utah  
-4444 = Homeless (word homeless or homeless code of ZZZZZ given as address)  
-5555 = Unknown Utah (Unknown/invalid zip code with Utah address)  
(Note: If the city is present in the address but the zip code is not, the zip code variable is  
coded as -5555 while the county variable is coded with the actual county identifier)  
-6666 = Encrypted (confidential data)  
-8888 = Unknown (completely missing address information)  
-9999 = Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a  
zip code is to use the United States Postal Service website:  
[http://www.usps.gov/ncsc/lookups/lookup\\_ctystzip.html](http://www.usps.gov/ncsc/lookups/lookup_ctystzip.html)

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the  
county code:

Beave = Beaver  
BoxEl = Box Elder  
Cache = Cache  
Carbo = Carbon  
Dagge = Daggett  
Davis = Davis  
Duche = Duchesne  
Emery = Emery  
Garfi = Garfield  
Iron = Iron  
Milla = Millard  
Morga = Morgan  
MulCo = Multi county  
Piute = Piute  
Rich = Rich  
SaltL = Salt Lake  
SanJu = San Juan  
Sanpe = Sanpete  
Sevie = Sevier  
Summi = Summit  
Tooel = Tooele  
Uinta = Uintah  
Washi = Washington  
Wayne = Wayne  
Weber = Weber

If less than 30 encounters occurred for a non Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA  
AK = ALASKA  
AZ = ARIZONA  
AR = ARKANSAS  
CA = CALIFORNIA  
CO = COLORADO  
CT = CONNECTICUT  
DE = DELAWARE  
DC = DISTRICT OF COLUMBIA  
FL = FLORIDA  
GA = GEORGIA  
HI = HAWAII  
ID = IDAHO  
IL = ILLINOIS  
IN = INDIANA  
IA = IOWA  
KS = KANSAS  
KY = KENTUCKY  
LA = LOUISIANA  
ME = MAINE  
MD = MARYLAND  
MA = MASSACHUSETTS  
MI = MICHIGAN  
MN = MINNESOTA  
MS = MISSISSIPPI  
MO = MISSOURI  
MT = MONTANA  
NE = NEBRASKA  
NV = NEVADA  
NH = NEW HAMPSHIRE  
NJ = NEW JERSEY  
NM = NEW MEXICO  
NY = NEW YORK  
NC = NORTH CAROLINA  
ND = NORTH DAKOTA  
OH = OHIO  
OK = OKLAHOMA  
OR = OREGON  
PA = PENNSYLVANIA  
RI = RHODE ISLAND  
SC = SOUTH CAROLINA  
SD = SOUTH DAKOTA  
TN = TENNESSEE  
TX = TEXAS  
UT = UTAH  
VT = VERMONT  
VA = VIRGINIA  
WA = WASHINGTON  
WV = WEST VIRGINIA  
WI = WISCONSIN  
WY = WYOMING  
PR = PUERTO RICO  
GU = GUAM

**Patient's Residential County**

1= Box Elder  
2= Cache  
3= Rich  
4= Morgan  
5= Weber  
6= Davis  
7= Salt Lake  
8= Summit  
9= Tooele  
10= Utah  
11= Wasatch  
12= Daggett  
13= Duchesne  
14= Uintah  
15= Juab  
16= Millard  
18= Sanpete  
17= Piute  
19= Sevier  
20= Wayne  
21= Carbon  
22= Emery  
23= Grand  
24= San Juan  
25= Beaver  
26= Garfield  
27= Iron  
28= Kane  
29= Washington  
30= Multi-County (used in earlier versions of  
dataset--the category has been eliminated)  
44= Homeless (word homeless or homeless code of ZZZZZ  
given as address)  
55= Unknown Utah (unknown city & zip but Utah in  
address)  
77= Outside Utah (but in U.S.A.)  
88= Unknown (completely missing address information)  
99= Outside U.S.A. (foreign address)

**Patient's Cross-County Migrant Status** (hospital in different county than patient residence)

Y = Yes (includes out-of-state, foreign, out-of-county, homeless)  
N = No (from same county)  
U = Unknown (includes unknown and unknown but Utah residence)

**Patient's Marital Status**

S = Single  
M = Married  
X = Legally Separated  
D = Divorced  
W = Widowed  
U = Unknown  
P = Life Partner  
Blank = Not reported

**Patient's Race and Ethnicity**

W = White, non-Hispanic origin  
WH = White, Hispanic origin  
NW = Non-white, Hispanic origin  
NH = Non-white, non-Hispanic origin

UK = Unknown  
Blank = Not reported

**Principal Diagnosis Code**

The first four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an “implied” decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

ICD-9-CM E-Codes and V-Codes might also be found in this field.

The ICD-9-CM diagnosis codes, as well as the E-Codes and V-Codes can be looked up on the Internet at Yaki Technologies' Website [www.eicd.com/eicdmain.htm](http://www.eicd.com/eicdmain.htm).

**Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 8**

Definition and category are the same as the Principal Diagnosis Code.

**Principal Procedure Code**

The four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an “implied” decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

**Secondary Procedure Code 1 ... Secondary Procedure Code 5**

Definition and category are the same as Principal Procedure Code

**Major Diagnosis Category (MDC)\***

- 0 = Ungroupable
- 1 = Nervous System
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic System
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood and Blood-Forming Disorders
- 17 = Myeloproliferative DDs (Diff Neoplasms)
- 18 = Infectious and Parasitic DDs
- 19 = Mental Diseases and Disorders
- 20 = Alcohol/Drug Use or Induced Mental Disorders
- 21 = Injuries, Poisoning and Toxic Effect of Drugs
- 22 = Burns
- 23 = Factors Influencing Health Status
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infection

\*This is the traditional Health Care Financing Administration (HCFA) MDC

**Total Charge**

Total dollars and cents amount charged for the encounter (with 2 decimal digits).  
blank = Not reported

**Emergency Department Charge**

Sum of dollar and cent amounts charged for the encounter using the National Uniform Billing Committee's (NUBC) revenue codes 450 and 451 (with 2 decimal digits).  
blank = Not reported

**Primary Payer Category**

- 01 = Medicare
- 02 = Medicaid
- 03 = Other government
- 04 = Blue Cross/Blue Shield
- 05 = Other commercial
- 06 = Managed care
- 07 = Self pay
- 08 = Industrial and worker's compensation
- 09 = Charity/Unclassified
- 10 = Unknown
- 13 = CHIP (Children's Health Insurance Plan)
- 99 = Not reported

**Secondary Payer Category Third Payer Category**

Descriptions are the same as primary payer category.

**Third Payer Category**

Descriptions are the same as primary payer category.

**Patient's Relationship to the First Insured Person**

- 1 = Patient is the named insured
- 2 = Spouse
- 3 = Natural Child/insured has financial responsibility
- 4 = Natural Child/insured does not have financial responsibility
- 5 = Step Child
- 6 = Foster Child
- 7 = Ward of the Court (Patient is ward of the insured as a result of a court order.)
- 8 = Employee (The patient is employed by the named insured.)
- 9 = Unknown
- 10 = Handicapped Dependent (Dependent child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.)
- 11 = Organ Donor (Code is used in cases where bill is submitted for care given to organ donor where such care is paid by the receiving patient's insurance coverage.)
- 12 = Cadaver Donor (Code is used where bill is submitted for procedures performed on cadaver donor where such procedures are paid by the receiving patient's insurance coverage.)
- 13 = Grandchild
- 14 = Niece or Nephew
- 15 = Injured Plaintiff (Patient is claiming insurance as a result of injury covered by insured.)
- 16 = Sponsored Dependent (Individual not normally covered by insurance coverage but coverage has been specially arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.)
- 17 = Minor Dependent of a Minor Dependent (Code is used where patient is a minor and a dependent of another minor who in turn is a dependent, although not a child, of the insured.)
- 18 = Parent
- 19 = Grandparent
- 20 = Life Partner
- blank = Not reported

**Outlier, Total Charge**

- 0 = No
- 1 = Yes

NOTE: A charge is an outlier if it is above 2.5 standard deviations from the mean of facility charges. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

**Outlier, Length of Stay in hours**

- 0 = No
- 1 = Yes

NOTE: A length of stay is an outlier if it is above 2.5 standard deviations from the mean of the length of stay. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

**Encounter Quarter**

- 1 = First Quarter (January 1 to March 31)
- 2 = Second Quarter (April 1 to June 30)
- 3 = Third Quarter (July 1 to September 30)
- 4 = Fourth Quarter (October 1 to December 31)

**Record ID Number**

A unique number for each encounter, which is also unique across all years that ED data are available.

**Encounter Type**

- o= ED Outpatient Visit
- i = ED Inpatient Admission

**Principal Diagnostic Category****ICD-9 Range**

1 = Diabetes	250.0-250.9
2 = Otitis media and Eustachian tube disorders	381-382
3 = Heart dis. excl. ischemic	391-392.0,393-398,402,404,415,416,420-429
4 = Acute upper respiratory inf., excl. pharyngitis	460-461,463-466
5 = Acute pharyngitis	462
6 = Pneumonia	480-486
7 = Chronic and unspecified bronchitis	490-491
8 = Asthma	493
9 = Noninfectious enteritis and colitis	555-558
10 = Urinary tract infection , site not specified	599.0
11 = Dorsopathies	720-724
12 = Rheumatism, excluding back	725-729
13 = Convulsions	780.3
14 = Headache and migraine	784.0,346.90
15 = Chest pain	786.5
16 = Abdominal pain	789.0
17 = Fractures, excluding lower limb	800-819
18 = Fracture of lower limb	820-829
19 = Sprains and strains, excluding ankle and back	840-844,845.1,848
20 = Sprains and strains of ankle	845.0
21 = Sprains and strains of back	846-847
22 = Open wound of head	870-873
23 = Open wound, excluding head	874-897
24 = Superficial injury	910-919
25 = Contusion with intact skin surface	920-924
99 = All other	

**E-Code**

Supplementary classification of External Causes of Injury and Poisoning. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM E-code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM E-codes can be looked up on the Internet at Yaki Technologies' Website  
**[www.eicd.com/eicdmain.htm](http://www.eicd.com/eicdmain.htm)**.

**Admission Hour**

The hour during which the patient arrived at the Emergency Department (using the 24 hour clock format).

# APPENDIX A

## UTAH HOSPITAL (WITH EMERGENCY DEPARTMENTS) PROFILE

## HOSPITAL CHARACTERISTICS: ED REPORT 2002

ID <sup>1</sup>	HOSPITAL NAME	OWN <sup>2</sup>	AFFILIATION	COUNTY	CITY	U/R <sup>3</sup>	TEACH <sup>4</sup>	# ED BEDS
111	Allen Memorial Hospital	G	Rural Health Mgmt	Grand	Moab	R	N	3
118	Alta View Hospital	N	IHC, Inc.	Salt Lake	Sandy	U	N	17
136	American Fork Hospital	N	IHC, Inc.	Utah	American Fork	U	N	11
134	Ashley Valley Medical Center	I	LifePoint Hospitals, Inc.	Uintah	Vernal	R	N	5
104	Bear River Valley Hospital	N	IHC, Inc.	Box Elder	Tremonton	R	N	3
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	2
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	5
145	Cache Valley Specialty Hospital	I	National Surgical Hospitals	Cache	North Logan	R	N	2
106	Castleview Hospital	I	LifePoint Hospitals, Inc.	Carbon	Price	R	N	9
113	Central Valley Medical Center	N	Rural Health Mgmt	Juab	Nephi	R	N	2
119	Cottonwood Hospital Medical Center	N	IHC, Inc.	Salt Lake	Murray	U	N	18
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	21
116	Delta Community Medical Center	N	IHC, Inc.	Millard	Delta	R	N	6
140	Dixie Regional Medical Center	N	IHC, Inc.	Washington	St. George	R	N	12
115	Fillmore Community Medical Center	N	IHC, Inc.	Millard	Fillmore	R	N	3
110	Garfield Memorial Hospital	N	IHC, Inc.	Garfield	Panguitch	R	N	2
129	Gunnison Valley Hospital	G	Rural Health Mgmt	Sanpete	Gunnison	R	N	3
139	Heber Valley Medical Center	N	IHC, Inc.	Wasatch	Heber	R	N	5

ID <sup>1</sup>	HOSPITAL NAME	OWN <sup>2</sup>	AFFILIATION	COUNTY	CITY	U/R <sup>3</sup>	TEACH <sup>4</sup>	# ED BEDS
117	Jordan Valley Hospital	I	IASIS Health Care	Salt Lake	West Jordan	U	N	10
114	Kane County Hospital	G	Freestanding	Kane	Kanab	R	N	1
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	11
121	LDS Hospital	N	IHC, Inc.	Salt Lake	Salt Lake City	U	Y	24
105	Logan Regional Hospital	N	IHC, Inc.	Cache	Logan	R	N	16
141	McKay-Dee Hospital	N	IHC, Inc.	Weber	Ogden	U	Y	23
102	Milford Valley Memorial Hospital	G	Rural Health Mgmt	Beaver	Milford	R	N	1
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	11
133	Mountain West Medical Center	G	Community Health Syst.	Tooele	Tooele	R	N	8
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	11
135	Orem Community Hospital	N	IHC, Inc.	Utah	Orem	U	N	9
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	18
122	Primary Children's Medical Center	N	IHC, Inc.	Salt Lake	Salt Lake City	U	N	13
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	15
128	San Juan Hospital	G	Managed	San Juan	Monticello	R	N	6
130	Sanpete Valley Hospital	N	IHC, Inc.	Sanpete	Mt. Pleasant	R	N	3
132	Sevier Valley Hospital	N	IHC, Inc.	Sevier	Richfield	R	N	3
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	21
307	The Orthopedic Specialty Hospital <sup>5</sup>	I	IHC, Inc.	Salt Lake	Salt Lake City	U	N	0

ID <sup>1</sup>	HOSPITAL NAME	OWN <sup>2</sup>	AFFILIATION	COUNTY	CITY	U/R <sup>3</sup>	TEACH <sup>4</sup>	# ED BEDS
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	6
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	7
125	University of Utah Hospital	G	Freestanding	Salt Lake	Salt Lake City	U	Y	14
138	Utah Valley Regional Medical Center	N	IHC, Inc.	Utah	Provo	U	N	20
112	Valley View Medical Center	N	IHC, Inc.	Iron	Cedar City	R	N	7

<sup>1</sup>Hospital ID number. See page 8 for hospital list in numerical order.

<sup>2</sup>Owner category: G=Government, N=Not for Profit, I=Investor-Owned.

<sup>3</sup>Urban or Rural location of hospital.

<sup>4</sup>Teaching hospital (Yes or No).

<sup>5</sup>The Orthopedic Specialty Hospital is only included with the ER-Inpatient admissions.

**Note:** The hospitals with addresses, phone numbers, and number of beds in the above list, can be obtained as a “cut and paste” document from the website <http://health.utah.gov/hda/usersupport.htm> and click on “List of data providers”

An alternative source for a list of Utah hospitals is the Utah Department of Health Website <http://health.utah.gov/licensing> and click on “Health Facilities”.